



A History of Harlem Hospital

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A HISTORY of an institution of a city oftentimes mirrors the growth and development of the city itself. This is understandable since an institution, like the city itself, is composed of three basic growth factors—physical plant, personnel, and policies. So it is with Harlem Hospital. Thus, the history of Harlem Hospital will be a presentation of these three factors from the viewpoint of past, present and future.

HARLEM HOSPITAL'S PAST

On April 18, 1887, Harlem Hospital was opened. The physical plant consisted of a leased, three-story wooden building, located at the foot of East 120th Street and the East River in New York City, with a bed capacity of 54 patients. The building was a white, frame dwelling of late Victorian architecture. The wards, through which elaborately mustached doctors and well-corsetted nurses made their rounds, still bore evidence of having been formerly the rooms of an elegant

residence. Lighting was supplied by ornate gas fixtures, while marble fireplaces furnished heat.¹

Its initial functions were to serve as a reception center for patients awaiting transfer to Ward's and Randall's Islands, and an emergency branch of Bellevue Hospital of New York City. Twenty beds were allotted to the first function. Ambulance and hospital services were provided for the latter. A dispensary was located in the basement of the building.

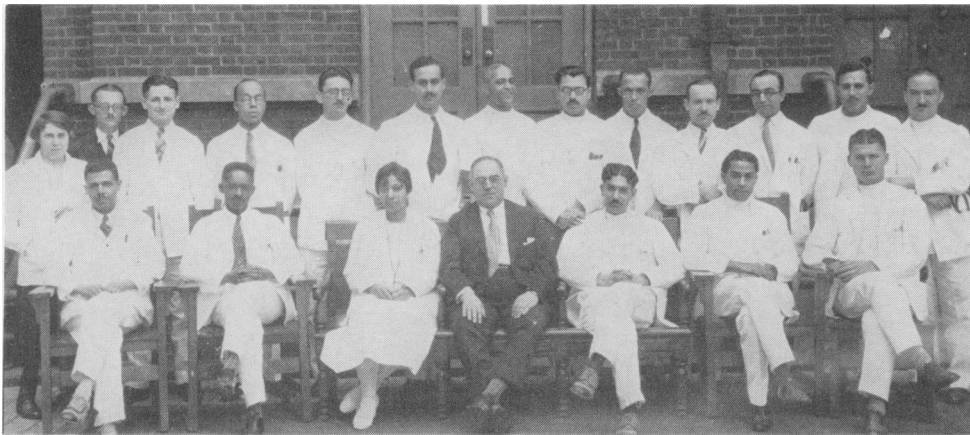
At the beginning, the hospital was under the administration of the Department of Public Charities and Correction. In 1898, the two departments were separated and the hospital was placed under the administration of the Department of Charities. Further charter amendment in 1902, transferred the jurisdiction of Harlem Hospital to the newly organized Department of Trustees of Bellevue and Allied Hospitals. On February 1, 1929, the Department of Hospitals was created by Local



First building known as Harlem Hospital. Two private houses located on East 120th Street, New York, in 1887.



First Harlem Hospital building from side. Horse-drawn ambulance.



Group picture of Internes and Residents, Harlem Hospital, 1927. L. to R. Drs. F. Allen, A. deL. Maynard, M. Chinn, Dr. Rapp, supt., and Dr. I. McGowan, 2nd from right. Dr. Robt. Wilkinson, 2nd row, 5th from rt.

Law 8, of the Municipal Laws of 1928. At this time a "consolidation" was effected which brought under one head, hospitals that were formerly under the jurisdiction of several departments and agencies. This included hospitals formerly under the jurisdiction of the Trustees of Bellevue and Allied Hospitals, namely, Harlem Hospital, Fordham, Gouverneur and Neponsit Beach; hospitals under the jurisdiction of the Department of Health, namely, Willard Parker in the Borough of Manhattan, Riverside Hospital in Manhattan, Kingston Avenue in Brooklyn, Queensboro in Queens, Richmond Boro on Staten Island, and the Municipal Sanatorium at Otisville, New York; plus the following hospitals under the jurisdiction of the Department of Public Welfare; namely, City Hospital, Metropolitan, New York Cancer Institute, City Home, Lincoln, Morrisania, Kings County, Cumberland Greenpoint, Coney Island, Sea View, Farm Colony, and the old New York City Children's Hospital on Randall's Island.²

From its beginning as a municipal hospital, Harlem Hospital's responsibility was to provide medical care for the poor, specifically to those living in the rapidly growing district North of Central Park. Although this area had not yet felt the impact of the first of many waves of Negro immigrants from the South, the hospital's 54 beds soon were grossly inadequate to meet the needs of the rapidly growing community. The dispensary was moved to a wooden building on a vacant lot near Harlem Hospital. The wooden building at one time had been used as the Out-Patient building of Gouverneur Hospital.

In 1902 an additional three-story, wooden building was rented and the lower floor used as an Out-Patient Department, and the upper floors as wards for maternity cases. Also in 1902, overcrowding of employees' quarters had become so great that a nine-room house was rented for female employees. By 1905, the hospital capacity



Harlem Hospital—Main Building—1929.



Harlem Hospital Main Building—1929. Entrance on 136th Street. Three ambulances, driver and doctor to each ambulance.



Harlem Hospital, 1937. Dr. Muriel Petioni (M.D., Howard) going out on ambulance call.

had increased to 95 beds with a possible increase to 109 beds.

Even as these expansions of Harlem Hospital at its initial site on East 120th Street and the East River were occurring, it was quite apparent to the hospital administrators that the site was not suited for a further greater degree of expansion. Therefore, in 1900 land was acquired by the City of New York on the East Side of Lenox Avenue from 136th Street to 137th Street for a hospital of 100 beds. Two years later an additional plot of two hundred square feet adjoining this site was acquired and new plans were drawn for a hospital of 150 beds. Construction of the new building was begun in 1903. In 1903 additional land was purchased for the future erection of a Nurses' Home, a wing to the hospital, a power house, and stables.³

New hospitals had in the meantime been erected and the old Harlem Hospital fell into disrepute. Toward the end of its career its census was less than half its bed capacity. Most of these patients were emergency cases who had been brought in by its ambulances that covered the whole upper part of the City, North of 73rd Street to the Harlem River.

The new hospital, with a bed capacity of 150

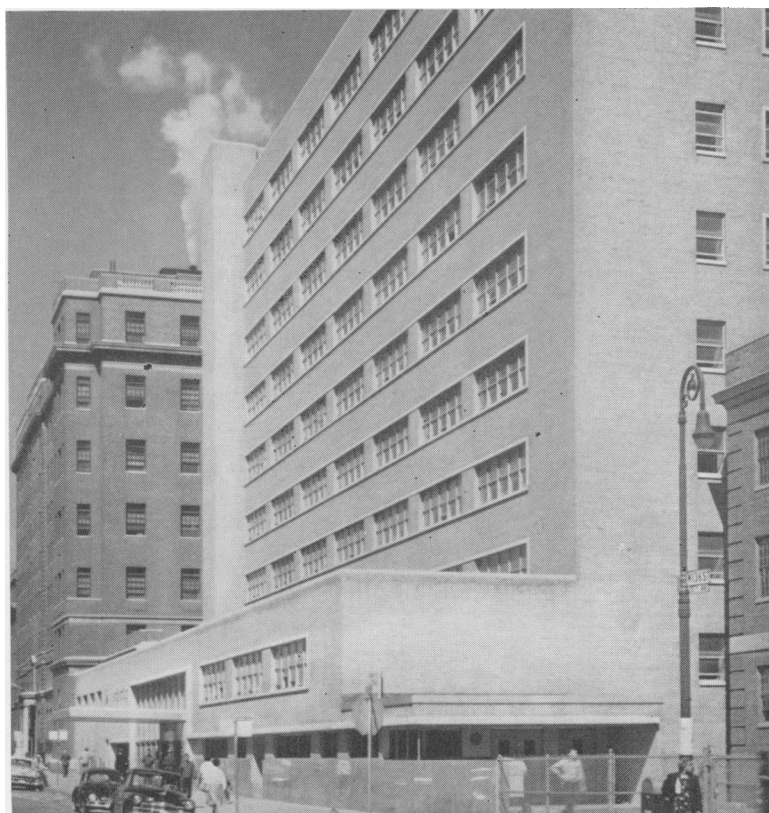
and located on the East side of Lenox Avenue, was opened on April 13, 1907. The old hospital was closed the next day.⁴

Shortly after opening the new hospital, it became apparent that this physical plant would be utilized to its fullest. In 1909 the average daily census was 154 and the total yearly visits to the Out-Patient Department, 104,255. In 1910 and 1911 the average daily census increased from 170 to 184, and the number of visits to the Out-Patient Department from 106,073 to 108,502. In 1911 plans were drawn for a new wing and a Nurses' Home. The Nurses' Home was opened on April 15, 1915, and in the same month the new wing was completed, thus increasing Harlem's bed capacity to three hundred and ninety.⁵

In 1926 the hospital had again become so overcrowded that a request for additional facilities was made. On February 1, 1929, administration of the hospital was assumed by the newly created agency, "The Department of Hospitals." The body immediately drew plans for increasing the physical plant at Harlem Hospital. Construction began shortly thereafter, and on January 4, 1935, the new Women's Pavilion was dedicated. Also at this same time additions to the Nurses' Home and power plant were completed.

The Women's Pavilion, which is still in active use and serves women only, is an eight-story, brick building with limestone trim. The original adult bed capacity of the pavilion was 282, in addition to which there were 114 bassinets. The basement contains general store-rooms, and an underground passageway to the old Main Building. The first floor is occupied by clinics. The second floor houses the Internes' quarters. The Louis T. Wright Memorial Library is on the third floor. Beginning with the fourth floor, through the seventh, there are two wards, North and South. These wards are practically duplicates of each other; each has 24 beds and two private rooms. An x-ray unit is located on the eighth floor. The addition to the Nurses' Home, erected on 136th Street, adjacent to the original Nurses' Home building, is 150 feet long by 75 feet wide and nine stories high.⁶

The intervention of World War I caused a disruption in the medical and surgical services at Harlem Hospital. This was brought about by the fact that a hospital unit was organized and served overseas. At the hospital in 1917, United States



Harlem Hospital Center—K Building, 136th Street near 5th Avenue Opened October 5, 1959.

Army officers were instructed in x-ray technique. In 1918, fourth year students of Fordham University were admitted as clinical clerks.⁷

Immediately post-war, the Harlem area of New York City received its first wave of Negro immigrants from the South. Agitation, which up to this time had been sporadic, increased for the appointments of a Negro doctor to the visiting staff of Harlem Hospital. The forces of integration triumphed. In 1919, Dr. Louis T. Wright was appointed Clinical Assistant in the Out-Patient Department, the lowest job possible at Harlem Hospital. His service in the Out-Patient Department began on January 1, 1920. Until that day, no Negro physician had been on the staff of any City hospital. Four doctors resigned in protest from Harlem Hospital. Dr. Casmo D. O'Neil, the Superintendent of Harlem Hospital and the person directly responsible for Dr. Wright's appointment, was promptly demoted to the information booth at Bellevue Hospital. However, the Mayor of New York City, John F. Hylan, heard of Dr. O'Neil's

demotion and appointed him Superintendent of Fordham Hospital.^{8, 9}

The early hostility that Dr. Wright met at Harlem Hospital from his white colleagues, only served, it seemed, to increase his desire to excel. In 1928, after competitive Civil Service Examination, he became the first Negro Police Surgeon of the City of New York; and in 1934 he was the first Negro admitted to Fellowship in the American College of Surgeons since Dr. Daniel Hale Williams, who was admitted at the time of the formation of the College. Dr. Wright introduced the intradermal method of vaccination for smallpox (1918); and designed a special blade plate for fixation of fractures of the thigh and tibia (1948). His team of workers was the first to use the antibiotic drug, Aureomycin in man (1948). In 1943, Dr. Wright was appointed Director of the Department of Surgery at Harlem Hospital, a position he held until his death, at the age of 61, on October 8, 1952.^{10, 11}

The position of Director of Surgery at Harlem

Hospital was filled after the death of Dr. Wright, by Dr. Aubre deL. Maynard, the present Director. In 1929, Dr. Maynard was the first Negro interne officially appointed to the House-Staff of Harlem Hospital.

A third individual who contributed greatly to the development of Harlem Hospital was Dr. Peter Marshall Murray, who was appointed in 1929 as a Provisional Assistant Adjunct Visiting in Gynecology. At the time of termination of his services at Harlem Hospital, he had risen through all the grades, and was Director of the Gynecological Service. Other honors that accrued to Dr. Murray, were: serving as a member of the House of Delegates of the American Medical Association, 1950-1961; and serving as President of the Medical Society of the County of New York, 1954 to 1955. He is at present a Member of President Lyndon B. Johnson's Medical Advisory Committee on Health Resources.¹²

In 1917, Harlem Hospital had hired several Negro nurses. Many of the white nurses resigned. On January 1, 1923, a Training School for colored nurses was established at Harlem Hospital. The school steadily grew in size and stature. Its admitting policy was later amended to include qualified applicants, regardless of race.

Harlem Hospital in the twenties and thirties was the almost constant source of charges and complaints in regards to discrimination against Negroes, specifically in regards to the appointment of qualified Negro doctors to the House and Visiting staffs. On January 7, 1933, the National

Association for the Advancement of Colored People invited a group of laymen, educators, clergymen, and physicians, to form a committee for the purpose of investigating Harlem Hospital. The first meeting of the committee was held on January 30, 1933. Recognizing the important role that Harlem Hospital was destined to play in the training of physicians, especially Negro physicians, and of the great extent of the problem under surveillance, the committee recommended to the N.A.A.C.P. that the scope of the study be broadened to include consideration of the opportunities for the medical training of Negroes throughout the United States. With funds supplied by the Carnegie Corporation, work began as of February 27, 1933. A report was submitted during the month of June, 1935. Among its recommendations were:

1. An increase in the number of Negro students in Medical Schools.
2. That well-qualified Negro graduates be accepted for intern service, especially in hospitals where a considerable proportion of the patients were Negro.
3. That qualified Negro physicians and surgeons be appointed to the Out-Patient and In-Service, particularly in hospitals which have an appreciable number of Negro patients.

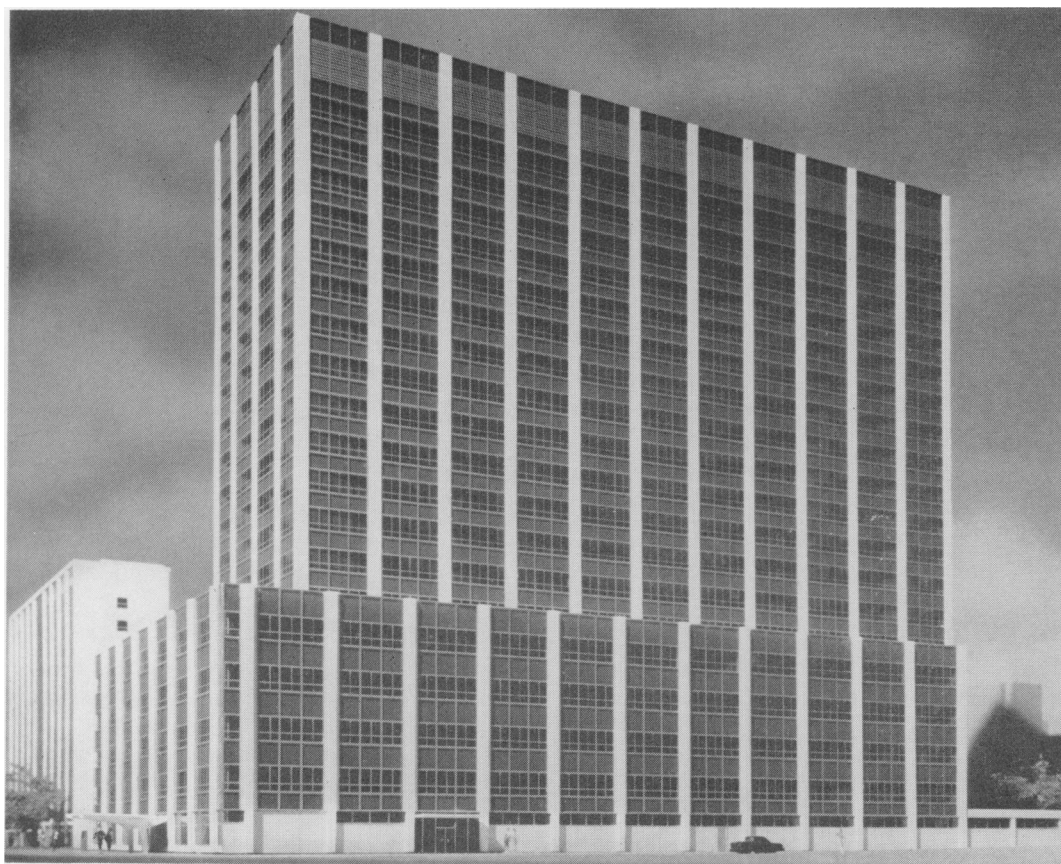
After the initial appointment of Dr. Wright to the Out-Patient Department of Harlem Hospital, the appointment of other qualified Negroes followed. In January, 1926, when three other Negro physicians were added to the visiting staff, Dr. Wright was elevated to the rank of Assistant Visiting. At the beginning of 1929, of the total number of 64 physicians and surgeons on the In-Service staff of Harlem Hospital, seven were Negroes. During the year two additional Negro



Ground Breaking Ceremonies for new building, Oct. 31, 1962. Mayor Robert Wagner and Edward Dudley, President of the Borough of Manhattan, greet nurses.



Ground Breaking Ceremonies, Oct. 31, 1962. Mayor Robert Wagner and Dr. Ray E. Trussell, Commissioner of Hospitals.



New 233 Bed Unit now under construction. Architect's drawing.

physicians were added to the staff, so that just prior to the reorganization of the medical service in the hospital, early in the year of 1930, there were nine Negroes on the In-Service staff, seven in the Out-Patient Department and nine on the interne staff. After the reorganization, 19 Negroes were appointed to the In-Service alone. The number of Negroes on all staffs gradually increased. On January 1, 1931, the total number of Negroes on the In-Service staff had increased to 40, including 19 dentists. Of the interne staff 13 were Negro, and in the Out-Patient Department, the number was 28. On January 1, 1932, the In-Service Negro staff was 38, only five of whom were dentists. There were 27 Negroes on the Out-Patient Department staff, five of whom were dentists, and there were 14 colored internes.^{13, 14}

The progress of integration continued to the extent that in the middle forties, the House and Visiting staff leveled off at about 50 per cent colored 50 per cent white, a ratio roughly maintained at the present time.

HARLEM HOSPITAL'S PRESENT

Harlem Hospital today represents a transitional bridge from a rich, turbulent, multi-colored past, to a star-spangled future. The present bed capacity is 1,031, with 84 bassinets. Harlem Hospital is approved by the Joint Commission on Accreditation of Hospitals. Its program for interne and resident training is approved by the Council on Medical Education and Hospitals of the American Medical Association. Harlem Hospital has been noted for its wealth of clinical material, unsurpassed in the entire United States. The visiting physicians and surgeons of the medical, surgical, and specialty services make up the Harlem Hospital Medical Board. The Executive Committee of the Medical Board, which governs policies of the hospital in the area of clinical care of the patient, is made up of the directors of the hospital services.

Since 1961, under the direction of Dr. Ray E. Trussell, Commissioner of Hospitals, of the City of New York, a general reorganization has been under way to bring about university affiliation for

those municipal hospitals which had been without such an affiliation. Harlem Hospital Center has shared in this reorganization in association with Columbia University. All of the departments of the hospital are now under the supervision of full-time directors appointed on recommendation of the University.

Graduates of foreign medical schools who are accepted for resident training at Harlem hospital must be certified by the Educational Council for Foreign Medical Graduates, or be licensed to practice in the United States.

A medical library is provided for use by the house staff and contains a list of 57 regularly received periodicals.

On October 5, 1959, the most recent addition to the physical plant was dedicated. This was the "K" Building — a 233 bed unit which includes Out-Patient Clinical Services. This nine-story structure of steel, brick and limestone, completed at a cost of \$6,892,000, will blend architecturally with proposed new units, and will be used as a Mental Health and Psychiatric Center when the new hospital building, now under construction, is completed.

HARLEM HOSPITAL'S FUTURE

The hospital's future is unlimited. Its horizons will extend to the outer limits of the vision of the men who conceive the new role of Harlem Hospital.

Adjacent to the present hospital site, construction has been under way since 1961 of the new Main Building of the Harlem Hospital Center. This is to be a 902 bed general hospital of modern design of 22 stories. It is to occupy the block between 135th and 136th Streets and Lenox and Fifth Avenues, with the exception of the Fifth Avenue frontage. This building scheduled for completion in 1966 is to afford expanded facilities for clinical, laboratory and animal research as well as the operative, medical and radio-therapeutic management of clinical cases.¹⁵ Harlem Hospital Center will be one of the key medical centers in New York City's system of municipal hospitals, organized as the Department of Hospitals under the administration of the Commissioner of Hospitals. All Harlem Hospital employees except those employed directly by Columbia University are Civil Service workers.

The Harlem Hospital Center looks forward to the complete participation in the undergraduate

and graduate medical education program of Columbia University. This will bring into the Harlem community a direct and immediate opportunity for first-rate service to its patients and educational and research activities for undergraduate and graduate members of the medical profession.

ACKNOWLEDGEMENTS

For valuable assistance in the collection of material for this account, the author is deeply grateful to Mrs. Regina Burnett, chief librarian of the Louis T. Wright Memorial Library, Harlem Hospital Center, New York, New York.

He would also like to acknowledge his indebtedness to Mr. Edward Entin, photographer for Harlem Hospital Center; Dr. Henry C. Falk; Ferrenz and Taylor, architects; Dr. William A. Freeman; Mrs. Julia (Thompson) Gilkes, New Rochelle, New York; the Harlem Hospital School of Nursing; Dr. Peter Marshall Murray; Dr. Muriel Petioni; Dr. James C. Whitaker; Dr. Robert S. Wilkinson; and Mrs. Louis T. Wright.

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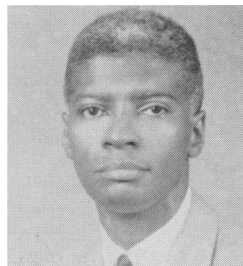
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HARLEM HOSPITAL AUTHORS IN THIS ISSUE



DR. MORRIS L. BOBROW



DR. HUGH F. BUTTS



DR. ARTHUR T. DAVIDSON



DR. VERA B. DOLGOPOL

DR. MORRIS LEO BOBROW, who died on January 14, 1963, was director of the department of gynecology at Harlem Hospital from 1952 until his death at the age of 65. A native of New York, Dr. Bobrow received the B.S. from New York University in 1920 and the M.D. from the same institution in 1922. He served internships in pathology and obstetrics, gynecology and surgery at the Lebanon Hospital, Bronx, New York, 1922-'24. From 1957 to 1960 he served as chief clinical investigator and director of the Project for Establishment of Early Cytologic Criteria for Diagnosis of Cancer of the Cervix. Since 1960, he served as director of the Harlem Community Demonstration Projects for Detection of Cancer of the Cervix. Both projects were sponsored jointly by the New York City Departments of Health and of Hospitals and were supported by USPHS grants. He was also a consultant for the division of Cancer Control and Research of the New York City department of health.

Dr. Bobrow gave considerable time to hospital teaching. From 1950 he had been director of the post-graduate training program of gynecology at Harlem Hospital. He was associate director of the Cytology Training Program, New York City Department of Health and co-editor of the Department's Cytology Training Manual. Dr. Bobrow was also director of the medical students summer training program at Harlem Hospital, 1961-'62 and lecturer on gynecology and obstetrics in the resident training programs of Harlem and Misericordia Hospitals. He was consultant also at the Mother Cabrini and Westchester Square Hospitals and was a member of the staffs of the Lebanon and Doctors Hospital.

Dr. Bobrow was a diplomate of the American Board of Obstetrics and Gynecology, a founding fellow of the American College of Obstetrics and Gynecology and a fellow of the American College of Surgeons in addition to many other professional societies. During his 41 years in the medical profession, he was the author of 28 scientific papers and had appeared on the programs of numerous professional societies in this country and abroad.

DR. HUGH F. BUTTS is chief of the in-patient service of the Department of Psychiatry of Harlem Hospital. He was born in New York City, December 2, 1926, and received the B.S. from the college of the city of New York in 1949 and the M.D. from Meharry Medical College in 1953. After a rotating internship at the Morrisania City Hospital, Bronx, New York, he served a two year residency in psychiatry at the Bronx Veterans Administration Hospital. He studied next at the Columbia University Psycho-Analytic clinic for Training and Research, 1957-62. Dr. Butts is an instructor in psychiatry at the latter clinic and on the faculty of the Columbia University College of Physicians and Surgeons. He is the clinical director of the Floyd Patterson House of the Wiltwyck School for Boys and serves as a psychiatric consultant to the Hillcrest Center for Children and the Jewish Board of Guardians. He holds staff appointments also at the Gracie Square, Montefiore, Mt. Morris Park and Beth Israel Hospitals.

He is a diplomate in psychiatry of the American Board of Psychiatry and Neurology and is a member of the American Psychiatric Association, the Association for Psycho-Analytic medicine, the American Orthopsychiatric Association and other professional organizations. He has published scientific papers previously in this *Journal* and in the *Journal of Negro Education*.

DR. ARTHUR TURNER DAVIDSON, chief of section B of the Surgical Service of Harlem Hospital, was born July 30 in 1923 in Lincolnton, North Carolina. He attended the public schools in King's Mountain, N.C. and received the B.S. cum laude in 1941 from Johnson C. Smith University where he was president of the honor society. He received the M.D. from Howard University in 1945 earning election to the Kappa Pi honor society. After a rotating internship at Harlem Hospital, he returned to Howard as an instructor in pathology, 1946-'47 and remained another year at Freedmen's Hospital as assistant resident in general surgery. He completed his residency in surgery with a two year stay at Sydenham

(Concluded on page 392)

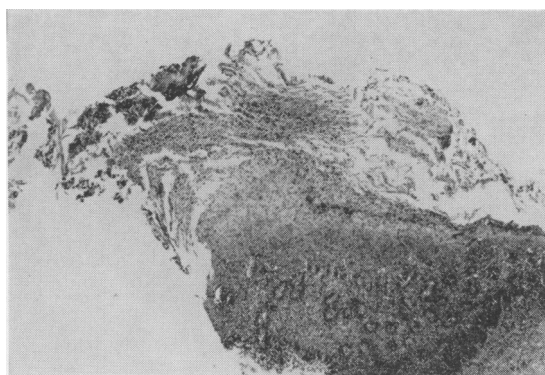


Fig. 4. "Warty" superficial keratosis with extensive shedding of parakeratotic cells, in one piece of a four-quadrant biopsy. X 55 (Case 8)

separate foci of carcinoma in situ, with possible early invasion in one area.*

WARTY KERATOSIS AND CARCINOMA IN SITU

Case 8. A woman 37-years-old, had "suspicious" exfoliative cytological smears. In a "four quadrant" punch biopsy one piece of tissue showed a large warty lesion with abundant desquamation of parakeratotic cells (Fig. 4), while another piece contained a carcinoma in situ of the epidermized endocervix, with extension into some glands (Fig. 5).

CONCLUSIONS

1. "Suspicious" and "positive" exfoliative cytological cervical smears may occur not only in neoplastic disease, but also in some benign kera-

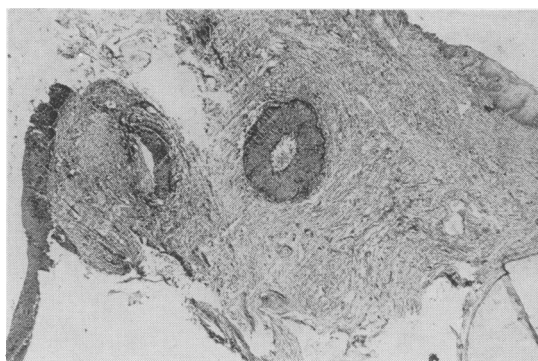


Fig. 5. Carcinoma in situ in another piece of a four-quadrant biopsy. X 44 (Case 8)

tinizing lesions of the cervix, namely, in condyloma acuminatum, leukoplakia and in "superficial abnormal parakeratosis," whether warty or diffuse.

2. The cells termed here as "abnormal parakeratotic cells" are cornified epithelial squamæ with large, dark nuclei. They shed easily from the surface of the lesions and appear in the smears as "abnormal" cells with orange-red cytoplasm.

3. Benign keratinizing lesions may be coexistent with cervical neoplasia. If, after removal of a keratinizing lesion for biopsy, the cytological smears remain abnormal, a cold knife conization is indicated, because a neoplastic focus might have been missed in collecting the biopsy material, especially if it was located in the endocervix.

4. While the exfoliative cytological smears are very useful in discovering "suspicious" cases, only a biopsy permits one to make a final decision as to a benign or malignant character of the lesions in patients with abnormal cytological smears.

* This case, with three additional cases seen later, was included in a paper by Vera B. Dolgopol, Morris Leo Bobrow and Emanuel Rubin, Leukoplakia of the Uterine Cervix Associated with Carcinoma in Situ, read before the V International Congress Pathology in Mexico City, October, 1963.

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Hospital in New York.

Dr. Davidson is a diplomate of the National Board of Medical Examiners and of the American Board of Surgeons. During the war he served as a captain in the medical corps in the U.S. Army at Linz and Salzburg, Austria, and was chief of the general surgical service at Landthal, Germany. Dr. Davidson is a fellow of the international college of surgeons and a member of the A.M.A., N.M.A. and other professional societies. He is engaged in research projects related to cancer.

DR. VERA D. DOLGOPOL is senior pathologist in the Harlem Hospital Center. She was born in 1895 in Odessa, Russia where she pursued her entire education through medical school receiving the M.D. from Novo-

rossiyski University in 1918 after a two year internship in Odessa Jewish Hospital, she remained for a year's study in experimental pathology at Novorossiyski University. In 1926 Dr. Dolgopol received the M.D. from Women's Medical College, Philadelphia and subsequently pursued graduate study at Columbia University, in Neuro-pathology, Parasitology and Tropical Diseases. She became a diplomate of the American Board of Pathology in 1938. In addition to membership in the International Academy of Pathology, Dr. Dolgopol belongs to numerous other professional societies. She is the author or co-author of 38 papers on pathology and has participated in the program of many professional meetings in this country and abroad.